

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.: 101809946 FILING DATE

APPLICANT(S)

101809946

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
1		1				
2						
3						
4						
5						
6						
7		1				
8						
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41						
42						
43						
44						
45		1				
46						
47		1				
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

21
21
TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS